**№**004/015

NAME OF PROVIDER OR SUPPLIER  CARECO 05  STREET ADDRESS, CITY, STATE, ZIP CODE 6934 9TH STREET, NW  WASHINGTON, DC 20012  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG  A follow-up survey was conducted on December 18, 2007, to determine the facility's compliance with previous condition level deficiencies cited on September 28, 2007. The findings of this survey were based on observations, interviews with direct support and administrative staff and clients, and the review of records, including incident reports and administrative records. The survey findings determined that the facility was in Compliance with the Condition of Participation in Client Profections.	STATEMEN	IT OF DEFICIENCIES OF CORRECTION	E & MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION		
CARECO 05  STREET ADDRESS, CITY, STATE, ZIP CODE 8934 9TH STREET, NW WASHINGTON, DC 20012  [X3) [ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USC IDENTIFYING IMPORMATION)  PREFIX TAG  A follow-up survey was conducted on December 18, 2007, to determine the facility's compliance with previous condition level deficiencies cited on September 28, 2007. The findings of this survey were based on observations, interviews with direct support and administrative staff and clients, and the review of records, including incident reports and administrative records. The survey findings determined that the facility was in compliance with the Condition of Participation in Client Protections.  W 212]  The comprehensive functional assessment must identify the presenting problems and disabilities and where possible, their causes.  This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure a comprehensive psychiatric assessment had been conducted for both of the two clients (out of three sampled clients) in the process of the province of the			09G094	- 1			R
CARECO 05    SUMMARY STATEMENT OF DEFICIENCIES (24) ID PREFIX (24) ID PREFIX (24) ID PREFIX (24) ID PREFIX (25) ID (25				sr	REET ADDRESS, CITY, STATE, ZIP CO	<u>12/1</u> DE	19/2007
TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  RECORDERION OF HOLD SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE  OATE  OA							
A follow-up survey was conducted on December 18, 2007, to determine the facility's compliance with previous condition level deficiencies efted on September 28, 2007. The findings of this survey were based on observations, interviews with direct support and administrative staff and clients, and the review of records, including incident reports and administrative records. The survey findings determined that the facility was in compliance with the Condition of Participation in Client Protections.  N 212} 483.440(c)(3)(i) INDIVIDUAL PROGRAM PLAN  The comprehensive functional assessment must identify the presenting problems and disabilities and where possible, their causes.  This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure a comprehensive psychiatric assessment had been conducted for both of the two clients (out of three sampled clients) is the	PREFIX	REGULATORY OR L	(MUST BE PRECEDED by cont	PREFIX	CROSS-REFERENCED TO THE	SHOULDE	(XS) COMPLETI DATE
With previous condition level deficiencies cited on September 28, 2007. The findings of this survey were based on observations, interviews with direct support and administrative staff and clients, and the review of records, including incident reports and administrative records. The survey findings determined that the facility was in compliance with the Condition of Participation in Client Protections.  W 212)  The comprehensive functional assessment must identify the presenting problems and disabilities and where possible, their causes.  This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure a comprehensive psychiatric assessment had been conducted for both of the two clients (out of three sampled clients) in the	(W 000)	INITIAL COMMEN <sup>*</sup>	rs	(W 000)			
	-	with previous conditions september 28, 200° were based on obset direct support and a and the review of reports and administ findings determined compliance with the Client Protections. 483.440(c)(3)(i) IND The comprehensive identify the presenting and where possible,  This STANDARD is Based on interview a failed to ensure a co-assessment had been assessment had been directed assessment had b	ine the facility's compliance from level deficiencies cited on 7. The findings of this survey ervations, interviews with administrative staff and clients, cords, including incident strative records. The survey that the facility was in Condition of Participation in IVIDUAL PROGRAM PLAN functional assessment must be problems and disabilities their causes.  Interview, the facility more the service psychiatric conducted for both of the facility of the conducted for both of the service psychiatric conducted for both of the conducted for	{W 212}	The QMRP will reschedule the period of the p	JAN -3 A 10: 18	RECEIVED RECULATION
	t in e	omprenensive asset 3's psychiatric condi 7, 2007, at 3:27 PM, to either client had reconsivaluation. The consivation an out-	ssment of Clients #1 and tions/ needs. On November the QMRP stated that sived an updated psychiatric ulting psychiatrist reportedly of town conference.	·			
had revealed that the QMRP failed to ensure comprehensive assessment of Clients #1 and #3's psychiatric conditions/ needs. On November 7, 2007, at 3:27 PM, the QMRP stated that neither client had received an updated psychiatric evaluation. The consulting psychiatrist reportedly was attending an out of town conference. She further indicated that a November 24, 2007.	RATORY D	IRECTOR'S OR PROVIDER	USUPPLIER REPRESENTATIVES SIGNAT		TITLE	(×)	6) DATE
comprehensive assessment of Clients #1 and #3's psychiatric conditions/ needs. On November 7, 2007, at 5:27 PM, the QMRP stated that neither client had received an updated psychiatric evaluation. The consulting psychiatrist reportedly was attending an out of town conference. She further indicated that a November 21, 2007	leficiency s safeguard ling the dal following the am particle	tatement ending with an			may be excused from correcting pro- using homes, the findings stated about the property of the state of the s	a1/4	1208

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		AND HUMAN SERVICES  & MEDICAID SERVICES			·	FORM	D: 12/21/2007 MAPPROVED D: 0938-0391
	T of Deficiencies Of Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	- 1	MULTIPI ILDING	LE CONSTRUCTION	(X3) DATE : COMPL	SURVEY LETED
		<b>09</b> G094	a. w	NG		12/	R 19/2007
NAME OF	PROVIDER OR SUPPLIER O 05			693	ET ADDRESS, CITY, STATE, ZIP COD 34 9TH STREET, NW ASHINGTON, DC 20012	E	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY F(ILL SCIDENTIFYING INFORMATION)	PREI TAC		PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(XS) COMPLETION DATE
{W 212}	"review all individual medications." It should be client #1's interdisc to meet before then review an update his previously, the Sept findings included:  Based on interview a failed to ensure a consessment had be two clients (out of the sample who were previously individuals).	uled with the psychiatrist to Is on psychotropic ould be noted, however, that iplinary team was scheduled , on November 16, 2007, to	{w 2	:12}			
	both Clients #1 and a medications to address this was verified through the evening medication at 25, 2007. Client #115 dated September 25 of Intermittent Explosionate of diagnosis not the Qualified Mental (QMRP) and review records on September evidence of a comprassessment that documents assessment that documents are records.	esident Director on t, at 2:33 PM, revealed that #3 received psychotropic ess maladaptive behaviors ough observation of the administration on September s Annual Medical Evaluation, 2007, reflected a diagnosis sive Disorder (source and t indicated). Interview with Retardation Professional of Clients #1's and #3's er 27, 2007 failed to provide					

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		I AND HUMAN SERVICES & MEDICAID SERVICES			FORM	D: 12/21/2003 MAPPROVES D: 0938-0391
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING	(X3) DATE (	SURVEY LETED
		09G094	B. WING		12/	R 19/2007
NAME OF	PROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE		10,2001
CAREC	O 65	·		6934 9TH STREET, NW WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	CX5) COMPLETION STAC
(W 212)	Continued From pa psychotropic medic	· -	{W 212	}	-	,
	failed to ensure a consistent had be five client's which re [Client's #1 and #3)  The findings include Interveiw with the Queen Professional (QMRI approximately 5:45 Client #1 and #3 hand Psychiatrist as detailed and pecember 13, nurse, both client's I psychiatric assessment.	·				
i		ciency. NVIDUAL PROGRAM PLAN functional assessment must	{W 225}	į		
	This STANDARD is Based on interview a failed to ensure that comprehensive voca	e, vocational skills.  not met as evidenced by: and record review, the facility		The QMRP will coordinate with the Da to ensure that a formal, documented vo-assessment is completed. The QMRP with Day Program to provide the Task A Situational Observation, Interest Invent Inventory for the client to ensure that he placed in opportunities for community-lemployment.	cational vill request analysis, ory and Skill	1/11/08

The findings include:

FORM CMS-2567(02-99) Previous Versions Obsoleta

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G094 12/19/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6934 9TH STREET, NW CARECO 05 WASHINGTON, DC 20012 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID. PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) {W 225} Continued From page 3 (W 225) The September 28, 2007 recertification survey had revealed that the QMRP failed to ensure a comprehensive vocational assessment for Client #2. On November 7, 2007, at approximately 7:15 AM, Client #3 told this surveyor that he was not going to day program that day, he was "going shopping" instead. At 7:37 AM, while seated in the nurse's office, Client #3 stated "I want another job." Minutes later, the client sat at the dining rcom table and began eating breakfast. At approximately 7:46 PM, he repeated the comment "I want another job." Then at 7:49 AM, he said "I want a new job." At 3:30 PM, the Qualified Mental Retardation Professional (QMRP) was asked about Client #3's day placement. She said his vocational program had "moved him" to another location two days per week. On Tuesdays and Wednesdays, he was performing janitorial duties at a community gym. She and the Resident Director both said the client had not complained to them about wanting a new job. However, the QMRP acknowledged that Client #3 had not received a comprehensive vocational assessment. Record review confirmed this and indicated that he had been in the "Work Activity Program" (vocational) since at least 1999. There was no evidence that the facility had sought a comprehensive vocational assessment, describing the client's current interests, strengths and needs. [Note: In follow-up to the last survey, the QMRP stated that Client #2's interdisciplinary team was scheduled to meet November 15, 2007 for a case conference to discuss his day placement.)

Event ID: CSKJ13

Facility ID: 09G094

If continuation sheet Page 4 of 9

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/21/2007 FORM APPROVED OMB NO. 0938-0391

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		09G094	B. WING		R 12/19/2007	
NAME OF P	ROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE 6934 9TH STREET, NW WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLÉTION	
(W 225)	Continued From pa	<b>-</b>	{W 225	)		
	Previously, the Sep findings included:	otember 28. 2007 survey				
	review, the facility facility for received comprehensives	ion, interview and record alled to ensure that clients insive vocational assessments e of the three clients in the				
	The findings include	·			<u> </u>	
	AM, the Resident D #2 performed volur a nursing home. The just been informed the client had done that the nursing hor there on a permane reportedly planned government case w	2007, at approximately 8:15 birector (RD) stated that Client lateer work in the dining area of the RD indicated that he had by Client #2's job coach that so well during the "trial period" me wanted him to continue ent basis. The job coach to inform the client's worker of his work performance at he remain at that location.				
	September 27, 200 client placed eating bags. He did so will job coach or his peche and three other placed the eating utice water, at the resilunch. The coach day best workers." 1, #2 had been volunted month, "preparing	ved at his day placement on 7, beginning at 9:57 AM. The utensils in individual plastic thout any assistance from his ers. His job coach stated that volunteers with disabilities ensils, along with napkins and idents' place settings before escribed the client as "one of According to the coach, Client eering there for approximately him for employment." She t was "well-mannered and				

Marsha H. Thompson 12/21/2007 05:20 FAX 2024429430

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PRINTED: 12/21/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING R B. WING 09G094 12/19/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6934 9TH STREET, NW CARECO 05 WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) İD 1D (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREEIX COMPLÉTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG DEFICIENCY (W 225) Continued From page 5 {W 225} The job coach indicated that Client #2's trial period was scheduled to end in 3 months (December), however, she would "try to get him to stay because he is very good." He and his peers did not earn a stipend or receive a wage for their work. They volunteered at this work site Monday-Friday, between 9:00 AM - 2:00 PM. At 10:16 AM, Client #2 approached the job coach and asked "I'm going to make more money, right?" After the client walked away, the coach acknowledged that money meant something to him. She said that while he was already motivated, she thought that he "would be even more motivated if he got a check in hand." At the time, there was only one paid staff in the dining area, the nursing home's dining room supervisor. This was verified a few minutes later through interview with the supervisor. She was the sole paid employee. She also confirmed that Client #2 enjoys his work and is doing well." At approximately 10:30 AM, the coach indicated that to date, she had not met either the Qualified Mental Retardation Professional (QMRP) or RD; neither individual had visited the current setting. When asked about Client #2's strengths, the coach said she "he catches on very well... can

FORM CMS-2567(02-59) Previous Versions Obsolete

perform most tasks after one demonstration... is independent in silver ware, wiping tables, pretty much everything." However, she described the client as distractible. When asked if he was currently employable, she responded "ves."

Later that day, the RD and QMRP were asked about Client #2's day placement. At 5:24 PM, the RD confirmed that he had not observed the client performing work tasks at the current location. At

Event ID: C5KJ13

Facility 1D: 09G094

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/21/2007 FORM APPROVED OMB NO. 0938-0391

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NAME OF F	PROVIDER OR SUPPLIER		· · ·	STREET ADDRESS, CIT 6934 9TH STREET, I WASHINGTON, DO	NW	<u> </u>	19/2007
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	acknowledged that work site. She did, received a telephon the previous day. Totient was "doing we the other clients we December, they wan ursing home and a planned for within the discussional assessmishe did not know wheen performed.  On September 28, 2 review of Client #2's evidence that he have vocational assessmiskills and training near annual report (daprepared by the client worker," he required the day to remain or plan for the coming recommendation to employment opportunities per qualit should be noted the Client #2 and resident money was important enjoyed making purchate the time of the surthat Client #2's interest the time of the surthat Client #2's interest.	PM, the QMRP also she had not visited the current however, report having he call from the job coach on the coach reported that the sell." She confirmed that while re leaving the work site in inted "to keep him" at the a case conference was not coming month (October) to sit. When asked about a sent, the QMRP stated that nether an assessment had a comprehensive ent to determine his interests, seds. There was, however, ated April 30, 2007) that was not's current day program. The while he was a "very hard "verbal prompts throughout atask." The day program year included a "explore community based inities" by exposing the client antity-based employment arter."  at further interviews with initial staff confirmed that the chases. According to the RD, insible for purchasing ms as his TV remote control, vey, there was no evidence lisciplinary team had a	{VV 2:	25)			
raw (-1916-200)	7(02-99) Previous Versions C	bsolete Event ID: C5KJ13		Facility ID: 09G094	If conf	inuation shee	t Page 7 of 9

**2011/015** 

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 12/21/2007 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES QMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G094 12/19/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6934 9TH STREET, NW CARECO 05 WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID Ю PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX COMPLETION DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) {W 225} Continued From page 7 {W 225} comprehensive vocational assessment, describing the client's current interests, strengths and needs, available for discussion at the upcoming case conference. It was proposed to keep the client placed in a volunteer position with no opportunity for advancement to a paid position of employment. It should be further noted that on September 28, 2007, at 4:51 PM, Client #2 enthusiastically declared to that he had received a paycheck that day. Payment was for "contract work" that he had performed during a recent period he spent working at a sheltered workshop, and not at the volunteer work site. Based on observation, interview and record review, the facility failed to ensure that clients received comprehensive vocational assessments as indicated, for one of the three clients in the sample. (Client #2) The finding includes: On December 18, 2007 at approximately 5:30 PM, Interview with the QMRP and the Residential Director revealed that the facility has not been successful in getting a vocation assessment completed for Client #2. According to the QMRP. the DDS Case Manager had scheduled an assessment for November 13, 2007; however, the QMRP commented that she was contacted by the DDS Case Manager to cancel the appointment for Client #2. Reportedly, the QMRP informed the surveyor that she had spoken with the case mananger on Decemebr 12, 2007. At

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CENTE	RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES			· 	FORM	D: 12/21/2007 MAPPROVED D: 0938-0391
STATEMENT AND PLAN C	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTIPLE CONS LDING	STRUCTION	(X3) DATE COMPI	SURVEY ETED
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NAME OF P	Provider or supplier ) 05		·	6934 9TH S	RESS, CITY, STATE, ZIP STREET, NW STON, DC 20012		19/2007
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{W 225}	the time of the convinformed by the DD: appointment date as	ge 8 ersation the QMRP was S Case Manager that the nd time would be forthcoming, stated that she would call the	(W 2	25}			
	This is a repeat defi	clency.					
RM CMS-2567	(02-99) Pravious Varsions Co	solele Event ID: CGK)13		acility ID: 09G03	24	F continuation at	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MUL A BUILDI B, WING	<del></del>	(X3) DATE COMP	
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December 18, 200 compliance with p September 28, 20 were based on obdirect support and and the review of reports and admin		cility's ited on is survey with nd clients				
(I 223) 3510.4 STAFF TR		ĺ	{  223}	The QMRP will provide agendas used f	or training	
participation shall and available for no This Statute is no Based on interview GHMRP failed to a	ram agenda and recorder maintained in the Geview by regulatory aget met as evidenced by and record review, the many that agendas we group home and made v.	SHMRP iencies. : : :e		in Fire Safety, Cooking Safety, Electrics Sexuality; ISPs/Active Treatment; Right Persons with MR/DD Most Integrated S of the Professional Counselor, Ethics in Workplace; Securing Medical and Dentz Sign Language.	al Safety; ts of etting; Role	•
revealed no evider in-service training submitted a written October 25, 2007, "The QMRP will print agendas that were	, 2007 licensure surve tice of agendas for eigi sessions. The GHMR i Plan of Correction, si in which the provider vovide copies of the sta used for for trainings, November 2, 2007.	ht staff P gned wrote: andard				
the GHMRP on No. 9:56 AM. There was training conducted October 20, 2007 of Supervision" and "I no corresponding a review. At approximand RD acknowled.	ning records were revivember 7, 2007, begings a staff signature ships the QMRP and the on the topics "Staff Documentation." Theregenda, however, availately 4:56 PM, the Qued that there was no	eet for RD on e was lable for				
ealth Regulation Administration ABORATORY DIRECTOR'S OR PROVID	DEP/SHOOLIED BERNESS		<del>-</del> <u>-</u>	TITLE		(XS) DATE
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{[ 223}	Continued From pa	ge 1		{1 223}		<u> </u>	
	conveyed. In addition documentation or co	e information that ha on, the QMRP did no opies of "the standar gs cited in the previo	ot offer d				
-   	**************	· 基本生物的 医亚大男女女术				٠	
	Previously, the Sept findings included:	ember 28, 2007 sun	/ey				6
	On September 26, 2 review of the GHMR records revealed the available for training by staff signature sh were no agendas or subject matter discu	P's staff in-service to at there were no age a sessions that were sets. For example, the andouts to indicate	raining ndas indicated here				
	- September 6, 2007 Safety, Electrical Sa	′ "Fire Safety, Cookii fety;"	ng				
	- July 23, 2007 and A		- 1	-			
	- August 8, 2007 "IS - July 19, 2007 "Righ Most Integrated Sett	rts of Persons with M				·	
	- August 8, 12 and 1 Professional Counse	3, 2007 "Role of The lior;" and					
1	other recant training The Workplace," "Se Care" and "Sign Lan	curing Medical and I	thics in Dental				
	For the most part, the review were those the personnel when they	at were brought by [	oos l				
Health Regula STATE FORM	tion Administration		gan.	<u></u>	EV Ha		

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	On December 18, 2 review of the GHMF	2007, beginning at 5:: RP's staff in-service t	50 PM. training					
		at there were no age inings listed in the No			-			
	11, 2007 follow up y	visit. According to the ecemebr 13, 2007, th	e plan of					
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